



Application # \_\_\_\_\_

Harnett County Central Permitting  
420 McKinney Pkwy Lillington, NC 27546  
PO Box 65 Lillington, NC 27546

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: Wellco Contractors Inc. Date 9-18-2023  
Site Address: 296 Caldwell St Springlake NC 28390 Phone 910-263-0276  
Subdivision: Overhills Creek Sec 8 Lot 1  
Description of Proposed Work: SFD Total Job Cost 205,900.00

**General Contractor Information**

Wellco Contractors Inc. 910-436-3131  
Building Contractor's Company Name Telephone  
PO Box 766 Spring Lake NC 28390 judy@wswellonsrealty.com  
Address Email Address  
7402 HEATED SQ FT 2063 GARAGE SQ FT 486  
License #

**Electrical Contractor Information**

Description of Work Total Electrical Service Size: 200 Amps T-Pole: X Yes \_\_\_ No  
JM Pope Electric LLC. 919-776-5144  
Electrical Contractor's Company Name Telephone  
409 Chatham St. Sanford NC marshallpope74@gmail.com  
Address Email Address  
21326L  
License #

**Mechanical/HVAC Contractor Information**

Description of Work Total HVAC  
Total systems heating and cooling 910-436-3450  
Mechanical Contractor's Company Name Telephone  
13341 Hwy 2105. Spring Lake NC 28390 service@total-systems-nc.com  
Address Email Address  
28846  
License #

**Plumbing Contractor Information**

Description of Work Total plumbing # Baths 2  
Titans Plumbing 919-615-1947  
Plumbing Contractor's Company Name Telephone  
PO Box 1045 Dunn NC 28535 business@titansplumbing.com  
Address Email Address  
34800  
License #

**Insulation Contractor Information**

Parker Brothers Insulation 910-564-4132  
Insulation Contractor's Company Name & Address Telephone

\*NOTE: General Contractor / owner must fill out and sign the second page of this application.

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** and if **any** changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.  
**EXPIRED PERMIT FEES** - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

  
 \_\_\_\_\_  
 Signature of Owner/Contractor/Officer(s) of Corporation

9-18-2023  
 \_\_\_\_\_  
 Date

**Affidavit for Worker's Compensation N.C.G.S. 87-14**

The undersigned applicant being the:

General Contractor     Owner    \_\_\_\_\_ Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:


Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

\_\_\_\_\_ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

\_\_\_\_\_ Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Sign w/Title:  Project Manager Date: 9-18-2023